

CLIENT REQUEST FOR PERSONAL HEALTH INFORMATION

(For Health Care Financing / Children's Health Insurance Program To Disclose Information)

_____	_____	____/____/____
Client Name	Social Security #	Date of Birth

I _____ hereby request the
(Client or Personal Representative)

Utah Department of Health, through its Division of Health Care Financing to release to me specific health information.

The specific health information requested for disclosure is: _____
_____.

_____/_____
Signature of Client or Authorized Representative Date

If signed by an Authorized Representative, a description of authority to serve: _____
_____.